

Name _____

SSN: _____

EMPLOYEE RESPONSIBILITY FOR INSURANCE

Figure 4.1-B2

(MANAGEMENT EMPLOYEES, CONFIDENTIAL EMPLOYEES AND CERTAIN EMPLOYEES REPRESENTED BY THE CITY ATTORNEY'S ASSOCIATION, CITY PROSECUTOR'S ASSOCIATION OR CITY AUDITOR'S OFFICE)

1. Employees who currently receive additional life insurance, in-hospital indemnity coverage, and short and long-term disability, while off work in a non-pay status, **may** continue coverage by self-paying their premiums. **(Call Human Resources to determine who is eligible and for premium amounts).**
2. Employees on Family Medical Leave or in a Workers' Compensation non-pay status of **MC** or **SC** must pay only the employee portion of their insurance premium (if any) in order to maintain coverage while they are in this status. (Refer to **Figure 4.1-C** for the appropriate amount.
3. One personal check or money order for all insurance premiums should be made payable to the **CITY OF LONG BEACH (CASH IS NOT ACCEPTABLE)** and mailed to **Human Resources/Employee Benefits NO LATER THAN THE TWENTIETH (20th) OF THE MONTH PRIOR TO THE COVERAGE MONTH.**
4. If payment is not received within 30 days from the first of the coverage month, the employee's insurance coverage will be suspended until he/she returns to work in a paid status. The coverage will not start until the first of the month following the month in which the premium is deducted from the employee's paycheck.
5. If paying in advance for more than one month, please send a **separate** check or money order for each month.
6. Members can choose to maintain part or all of the plans listed below. However, **PREMIUMS MUST BE PAID TO MAINTAIN COVERAGE FOR EACH PLAN.**

PLAN	PREMIUM
SHORT TERM & LONG TERM DISABILITY Standard Insurance	\$ _____
TERM LIFE INSURANCE Great-West Life (varies contact HR for cost)	\$ _____
UNIVERSAL LIFE INSURANCE	\$ _____
IN-HOSPITAL INDEMNITY INSURANCE	\$ _____
TOTAL PREMIUM DUE	\$ _____

Self-pay effective date beginning with the month of _____, all checks or money orders must be mailed no later than the twentieth (20th) of each month prior to the month of coverage to:

CITY OF LONG BEACH
Human Resources/Employee Benefits
333 West Ocean Blvd., Thirteenth Floor
Long Beach, CA 90802

Figure 4.1-B2

Employee Responsibility For Insurance

(Management Employees, Confidential Employees & Certain Employees Represented by the City Attorney's Association, City Prosecutor's Association or City Auditor's Office)

cc: Human Resources
Personnel File

Figure 4.1-B2